

CITY OF CHICAGO
DIRECT PAY RATES
 EFFECTIVE JANUARY 1, 2015

10/01/2014

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
PPO			
BLUE CROSS BLUE SHIELD PPO WITH VISION	\$615.62	\$1,102.30	\$1,524.05
HMO			
BLUE ADVANTAGE HMO WITH VISION	\$473.30	\$954.12	\$1,396.86
ALTERNATIVE COVERAGE			
	\$217.87	\$435.74	\$653.61
BCBS DENTAL HMO			
	\$14.08	\$26.06	\$36.62
BCBS DENTAL PPO			
	\$19.92	\$37.56	\$49.79